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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Lake Andes Wave
2. DATE 9-25-17
3. FREQUENCY OF ISSUE Weekly
3A. NO. OF ISSUES PUBLISHED ANNUALLY 52
3B. ANNUAL SUBSCRIPTION PRICE $40 In St./$45 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 187, Wagner, Charles Mix SD 57380-0187
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 187, Wagner SD 57380
6. FULL NAME OF PUBLISHER: Barbra A Pechous
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Pechous Publications LLC	PO Box 187, Wagner SD 57380

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	350	320
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	87	129
2. Mail Subscription (Paid and or requested)	167	125
3. Paid Electronic Copies		
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	254	254
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	20	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	274	274
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	76	46
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	350	320

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

[signature] (Signature) ______ (Title)

State of South Dakota)
§
County of Charles Mix)

Sworn to before me this 25 day of Sept, 2017
[signature]
Notary Public
My commission expires: 7/27/2021

(Seal)

SCOTT PECHOUS
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Expires______

Form: SOS REC 051 9/2016